

## **OFFICER SIGNATURE**

## DATE RIDE COMPLETED

## WAIVER AND RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE

am under/over the age of 18 and am not a member of the Bend Police Department. I have made a voluntary request to ride as a guest in a Bend Police Department vehicle and to accompany a member or members of the Bend Police Department during the performance of their official duties ("ride-along").

In consideration of the permission given to me to participate in the ride-along, I release the City of Bend, its officials, agents and employees, from any claim for any loss, damages, injuries, liability or expense to me or my property related in any way to the ride-along, including claims for any negligence by the City of Bend or its officials, agents and employees. I understand that the ride-along may place me in a dangerous situation(s) that may involve violence, use of weapons, and other conditions of heightened risk of injury or damage and voluntarily accept those risks.

I agree to hold harmless and indemnify the City of Bend, it officials, agents and employees from loss, damages, liability or expense incurred or claimed by anyone for the reason of any damage or injury caused by me.

I AUTHORIZE THE BEND POLICE DEPARTMENT TO CONDUCT A COMPLETE CRIMINAL HISTORY RECORD CHECK ON MYSELF	
	RECORD CHECK ON WITSELF
FULL NAME:	DATE OF BIRTH:/
(please print)	
DRIVER'S LIC. NO:	STATE: PHONE NUMBER:()
DATE://20	
	Signature
******	NE OD VANDAM CIVADDAM OF MOVODATAM
*****PAREI	NT OR LAWFUL GUARDIAN OF MINOR****
I,, t	the parent or lawful guardian of, a minor, have
read and fully understand the above waiver and release and give my consent, including my consent to the	
criminal history record check.	
Date	Signature of Parent or Lawful Guardian
****OFFICE USE ONLY ****	
RECORD CHECK COMPLETED: _	
	(Date)

Bend Police Department 555 NE 15<sup>th</sup> Street, Bend, OR 97701 (541) 322-2960 (Tel) ◆ (541) 322-2998 (Fax)